

Rhode Island Department of Health Lead Screening and Referral Guidelines

Universal Blood Lead Screening

Screen all children under 6 years of age (9 months–71 months) for lead poisoning at least once annually.

- More frequent screening may be justified based on answers to the **Risk Assessment Questionnaire** (below) or if an elevated lead level is found.

- Blood lead testing may be discontinued after 3 years of age ONLY if:

- All prior tests during the FIRST 36 months were $< 15 \mu\text{g/dL}$; and,
- The child's FIRST test after 36 months of age was $< 15 \mu\text{g/dL}$; and,
- The child has not moved to a new home; and,
- The child's home has not undergone renovations; and,
- The Risk Assessment Questionnaire is administered to parent/guardian and all responses are "No".

Note: Children who are developmentally delayed should receive blood lead screening tests at intervals appropriate for their developmental age.

Risk Assessment Questionnaire

The following questionnaire should be used at each routine office visit to assess the potential for lead exposure and to identify children who should receive blood lead screening. Any positive response indicates high-risk status.

- Does your child live in or regularly visit a house with peeling or chipping paint built before 1950 (day-care center, pre-school, home of babysitter, friend, or relative)?
- Does your child live in or regularly visit a house built before 1978 with recent or ongoing renovations or remodeling (within the last 6 months)?
- Does your child have a brother, sister, housemate, or playmate who has or did have lead poisoning?
- Does your child live near an active smelter, battery recycling plant, or other industry likely to release lead?
- Does your child live with an adult whose job (i.e. construction, painting) or hobby (i.e. pottery, stained glass, furniture refinishing, automotive bodywork and boat refinishing) involves exposure to lead?

Pediatric Blood Lead Screening Guidelines

Capillary Screening

Capillary Blood Lead Level (BLL)	Recommended Actions for Primary Care Provider
$< 10 \mu\text{g/dL}$	No confirmation needed.
10-19 $\mu\text{g/dL}$	Confirm with venous blood lead test in 3 months.
20-44 $\mu\text{g/dL}$	Confirm with venous blood lead test within 1 week.
$\geq 45 \mu\text{g/dL}$	Confirm with venous blood lead test within 48 hours.

Venous Screening

Venous Blood Lead Level (BLL)	Recommended Actions For Primary Care Provider
$< 10 \mu\text{g/dL}$	Provide anticipatory guidance and continue to assess for lead exposure risk at every well-child visit using the "Risk Assessment Questionnaire."
10-14 $\mu\text{g/dL}$	<ul style="list-style-type: none"> Retest in 3 months. Explain child's lead level to parents. Educate family on lead sources and exposures. Assess nutritional status. Test siblings under 6 years of age. Provide lead education (for brochures call: 1-800-942-7434).
15-19 $\mu\text{g/dL}$	<ul style="list-style-type: none"> Follow same recommendations for venous BLL 10-14 $\mu\text{g/dL}$. Inform family that they have been referred by the Department of Health for non-medical case management services provided by a lead center.
20-44 $\mu\text{g/dL}$	<p>Child needs medical evaluation and treatment. You can refer for medical follow-up at:</p> <ul style="list-style-type: none"> St. Joseph's Lead Clinic: 456-4310 Memorial Hospital's Lead Clinic: 729-2582
$\geq 45 \mu\text{g/dL}$	<ul style="list-style-type: none"> Follow same recommendations for venous BLL 20-44 $\mu\text{g/dL}$. If venous BLL screening is $\geq 45 \mu\text{g/dL}$, repeat immediately as stat lab test. If test result is $\geq 45 \mu\text{g/dL}$ consider hospitalization.

Actions Taken by the Rhode Island Department of Health

Blood Lead Level (BLL)	Actions Taken by the Rhode Island Department of Health
$< 10 \mu\text{g/dL}$ (venous or capillary level)	No action is taken unless exposure sources change.
$\geq 10 \mu\text{g/dL}$ (capillary)	Send letter to health care provider recommending confirmatory venous test.
10-14 $\mu\text{g/dL}$ (venous or capillary level)	Mail lead educational materials directly to parents.
15-19 $\mu\text{g/dL}$ (venous level)	Refer family to a lead center for non-medical case management services.
Persistent $\geq 15 \mu\text{g/dL}$ * (venous or capillary level) or 20-44 $\mu\text{g/dL}$ (venous level)	<ul style="list-style-type: none"> Refer for non-medical case management services provided by a lead center. Refer for environmental inspection provided by the Department of Health. <p>* A persistent lead level is defined as 2 lead tests (venous or capillary) that are $\geq 15 \mu\text{g/dL}$ and at least 90 days apart but no more than 365 days apart.</p>
$\geq 45 \mu\text{g/dL}$ (venous level)	<ul style="list-style-type: none"> Expedite a referral for non-medical case management services provided by a lead center. Expedite a referral for environmental inspection.

Questions?

Call Patricia Raymond, RN,
Rhode Island Department of Health, (401) 222-5921.

Online Information

Childhood Lead Poisoning Prevention Program,
www.health.ri.gov/lead/home.htm
Rhode Island Department of Health, www.health.ri.gov

Rhode Island Department of Health	
• Division of Family Health	222-2312
• Environmental Health	222-1417
• Laboratory	222-5600
• Family Health Information Line	1-800-942-7434
Rhode Island Lead Centers	
• Blackstone Valley Community Action	723-4520 x227
• Family Service of Rhode Island	331-1350 x3547
• HELP Lead Safe Center	421-8595
• West Bay Community Action	732-4660 x117
Rhode Island Housing	751-5566
Department of Environmental Management	222-1360
Childhood Lead Action Project	785-1310



Healthy Homes
Healthy Children